City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 671 Congress Street Owner: William Doukas		Phone: 879-7924		Perrey 8°:1 4 4 3
Owner Address: 193-197 State St.	Lessee/Buyer's Name: ****Tong Savaun 772-7149	Phone: Busine	ssName:	and the same of th
Contractor Name: Address: Don Sheetmetal		Phone:		Permit Issued:
Past Use: Office	Proposed Use: Bakery/Donut	COST OF WORK: \$ 1,000	PERMIT FEE: \$ 25.00	DEC 2 4 1998
011100	Bakery/Bonde	FIRE DEPT. □ Approved □ Denied	E DEPT. ☐ Approved ☐ INSPECTION: ☐ Denied Use Group: Type:	CITY OF PORTLAND
		Signature:	Signature:	Zone: CBL: 046-C-013
Proposed Project Description:		PEDESTRIAN ACTIVITI	ES DISTRICT (P.A.D.)	Zoning Approval: OK 9
Hood Installation 9x3		Action: Approved Approved with Conditions: Denied		Special Zone or Reviews:
		Signature:	Date:	☐ Subdivision
Permit Taken By: Sp	Date Applied For:	12/21/98		☐ Site Plan maj ☐minor ☐mm ☐
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
		PERM WITH RE	MIT ISSUED QUIREMENTS	Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action:
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				☐ Denied
12/21/98			THILVA	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	- 174/10
RESPONSIBLE PERSON IN CHARGE OF WO			PHONE:	CEO DISTRICT 2
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				